

1121

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>145</u>
District of <u>Phoenix</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>578</u>
Town of _____			Local Registrar No. _____
or _____			St. _____ Ward _____
City of _____	No. _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Harriet Owen</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>2</u>	5. Legitimate? <u>Yes</u>
6. FATHER		7. Date of birth <u>Nov 7-1924</u>	
Full name <u>James Eliza Owen</u>		Month day year	
9. Residence (Usual place of abode) <u>Miami Arizona</u>		14. MOTHER	
If nonresident, give place and state		Full maiden name <u>Luella Mountjoy</u>	
10. Color or race <u>White</u>		15. Residence (Usual place of abode) <u>Miami Arizona</u>	
11. Age at last birthday <u>39</u> (Years)		If nonresident, give place and state	
12. Birthplace (city or place) <u>Brookline Mass</u>		16. Color or race <u>White</u>	
(State or country)		17. Age at last birthday <u>38</u> (Years)	
13. Occupation <u>Driller</u>		18. Birthplace (city or place) <u>Verada Missouri</u>	
Nature of industry <u>Oil & Mining</u>		(State or country)	
19. Occupation <u>Housewife</u>		19. Occupation	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(a) Born alive and now living			
(b) Born alive but now dead			
(c) Stillborn			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>11:50</u> a.m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Charles E. Davis</u>	
Given name added from a supplemental report		Address <u>Miami Arizona</u>	
Month, day, year.		Filed <u>Nov 30 1924</u>	
Registrar.		Local Registrar.	
		County Registrar.	

965-1107-344
this child lived 12 hours after birth.